مستشفى الكويت

د/ احمد الاصبحي من مستشفى الكويت ود/ أمال النبحاني من المستشفى الجمهوري نظرا لعدم تواجد بعض دكاترة مستشفى الكويت في تلك الفترة

1) Layer of the eye from outer to inner?
2) Layer of cornea?
3) Muscle of ciliary body and its function?
4) Definition of congenital glaucoma and its treatment?
5) Types of error of refraction and treatment?
6) Definition of cataract and what are its types?
7) Explain complicated cataract?
8) What are the drugs that cause cataract?
9) Types of detachment of retina? And what are the causes of each one?
10) Function of the endothelial layer of cornea? And what well occur if this layer distracted or lost?
11) Definition of hyphema and where is found?
12) Definition of anisometropia?
13) What are the systemic diseases cause cataract? And what is the treatment of cataract?
14) Definition senile cataract and what are its degree?
15) In mature senile cataract how can we diagnosis it?
16) What is the most type of cataract occur in children what done for it?
17) What is the investigation that done for differentiation between retinoblastoma and cataract in children?
18) What happen if children with cataract stay until age of 2 years with doing surgical treatment?
19) Types and treatment of myopia?

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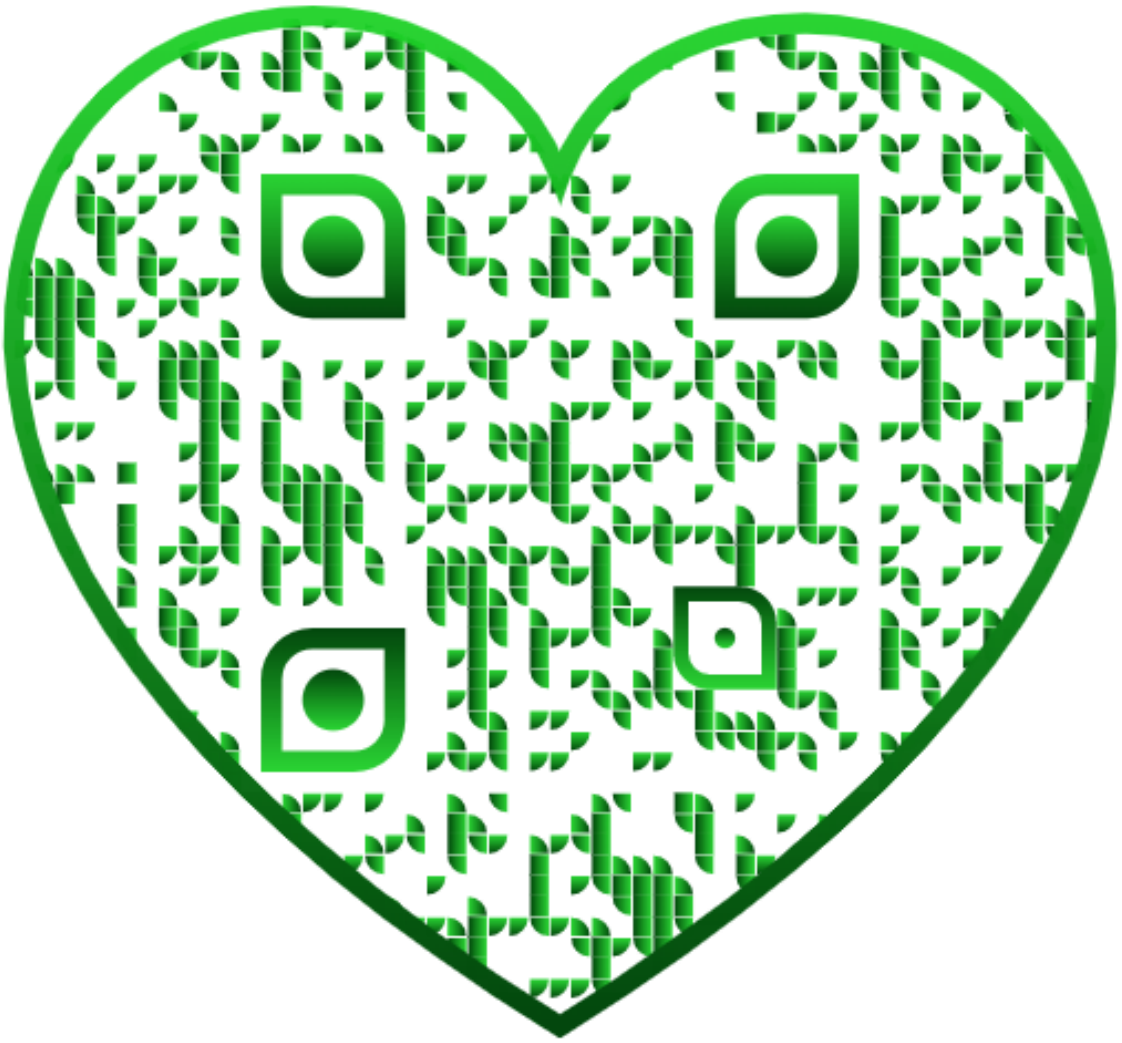

Sana'a University — Factuality of Medicine — Batch (26) of Medicine

ORAL QUESTIONS IN OPHTHALMOLOGY

مستشفى الثورة

- د/ حورية العنسي:

1) Mechanism of amblyopia?
2) Complications of myopia?
3) Types of retinal detachment?
4) Diabetic retinopathy?
5) Causes of painful red eye?
6) Uses of steroids in ophthalmology?
7) Types and treatment of myopia?
8) Symptoms of retinal detachment?

- د/ ابراهيم الوزير:

1) Definition and causes of cataract?
2) Trachoma, trachiasis, entropion, extropion?
3) Transparence structures of eye?
4) Definition of myopia and hypermetropia and their causes?
5) Types of squint and diagnosis?
6) Definition of glaucoma?
7) Disc and cup ratio?
8) Astigmatism and its treatment?
9) Surgical treatment of cataract and which one is the best?
10) Corneal reflex, light reflex, accommodation?

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20) What is the treatment of cataract in children?
21) What is the most common complication of cataract?
22) Symptoms of retinal detachment?
23) What is leukocoria and what D.D of it?
24) What is the mechanism of red reflex of light in eye?
25) What is the membrane that affected in congenital glaucoma?
26) What is the name of retinal edema?
27) What is the treatment of the retinal opacity?
28) What is the trichinosis and what is the most common causes of it?
29) In trachoma, What is the mechanism that lead to blindness?
30) What is the buphthalmos? And treatment?
31) Corneal layers?
32) Why the lens is transparency?
33) Why congenital cataract is dangerous?
34) By what the retinoblastoma is diagnosed?
35) Exophthalmos causes?
36) How can trichiasis affect cornea?
37) Complication of cataract operation?
38) Complication of and treatment of cataract?
39) Deferent between ICCR and ECCR?
40) Most common causes of blindness?
41) Red eye reflex?
42) What well happened for retina and vitreous after trauma?

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المستشفى الجمهوري

- **د/ محفوظ بامشموس:**

1) Definition glaucoma types and treatment?
2) Treatment of cataract?
3) Diabetic retinopathy stages?
4) What are the most common causes of blindness in Yemen?
5) Transparence structures of eye?
6) Def of myopia and hypermetropia and their causes and treatment?
7) Types of squint and diagnosis?
8) Astigmatism and its treatment?

- **د/ عزيز شاهر:**

1) Definition and Causes of retinal detachment?
2) Diabetic retinopathy?
3) Definition, Classification and clinical features of glaucoma?
4) Causes of ptosis?
5) Muscles of eye (origin, insertion, And nerve supply)? Def of squint?
6) Corneal layers, Blood supply, congenital corneal opacity?
7) Layers of retina and blood supply?
8) Error of refraction, and treatment?
9) Causes of red eye?
10) Cataract?
11) What is Horner's syndrome?
12) Definition of hyphema?

وفقنا الله جميعا

ولا تنسونا من خالص دعائكم،،،

مع تمنياتنا لكم بالتوفيق والنجاح

Group (F)

اللجنة العلمية

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group A

أسئلة تجريبية في العين (على)

عنوان الدرس (1) ... Answer : f ... التاريخ 11 / /

(1)- Layer of the eye From outer to inner?
Eye is consist of three coats :-
- Cornea and sclera.
- Middle coat : Iris - Ciliary budys and choroid.
- inner coats : Retina. - macular and Foven.

(2)- Layer of Cornea ?
Cornea is consist of 5 layers From outer to inner :-
- Epithelum :- Stratified - Squamous non-Keratinized epithelum + 5-6 layer of cells.
- Bowman's membran :-
Clear structurless elastic membran + Easily destroyed and never regenerates.
- Substantia Propria :- 90% of Cornea :-
A). Lamellae : - Collagenous Fibers
- Elastic Fibers.
B). cells → Corpuscles + Leucocytes.
C). - Lymph space : inbetween lamella.

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عنوان الدرس ---------- التاريخ / / ١٤

- Descemet's membran → elastic membran
  ↳ Resistant and easily regeneration

- Endothelium :
  Single layer of hexagonal flat cells.

(3) - muscle of Ciliary bodies and function?
has 3 muscle:-
- Circular muscle : inner most attached.
in Ciliary Prosses.
- Longitudinal : outer most attached
in Spur to Supra Choroidal Lamina.
- oblige : in between Circular and longitu

Circular fiber → accomedatio

عنوان الدرس ..... التاريخ / / ١٤

④ General treatment:
- Calcium . Vit. A and D
- نصائح عامة وتعليل لعدم وجود كاميرا معنا في حصة عملية.

5) - refractiv Surgery.

(*) - Astigmatism.
III :- Eye glasses
contact lenss
refractiv Surgury.

(*) - APHAKIA
III :- lens implantation.
- Contact lenses.
- Eye glasses
- Refractive Surgury.

(*) - Anisometropia
III Contact lens
Refractiv Surgury.

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(2) -

* treatment by :-

operative

(1) - Goniotomy :- فتح لقناة شليم وجود اعلى الزاوية ليخف الضغط اذا انسدت نفل امتأخرن.

(2) - Trabeculotomy

sclear. ، angle تعمل fistula بينهم

(5) - Types of Error refractin and it's Treatment ?

(*) - Hypermetropia.

:- (1). in low degree no treatment.

(2) - Eye glasses : Convex. spherical.

(3) - Contact lens : in high hypermetropia

(4) - Refractive Surgery : " " "

* Myopia :-

: Eye glasses : Concave lense

Contact lense. in high myopia.

Low vision → telescopic for destance

→ magnifying lens for Reading.

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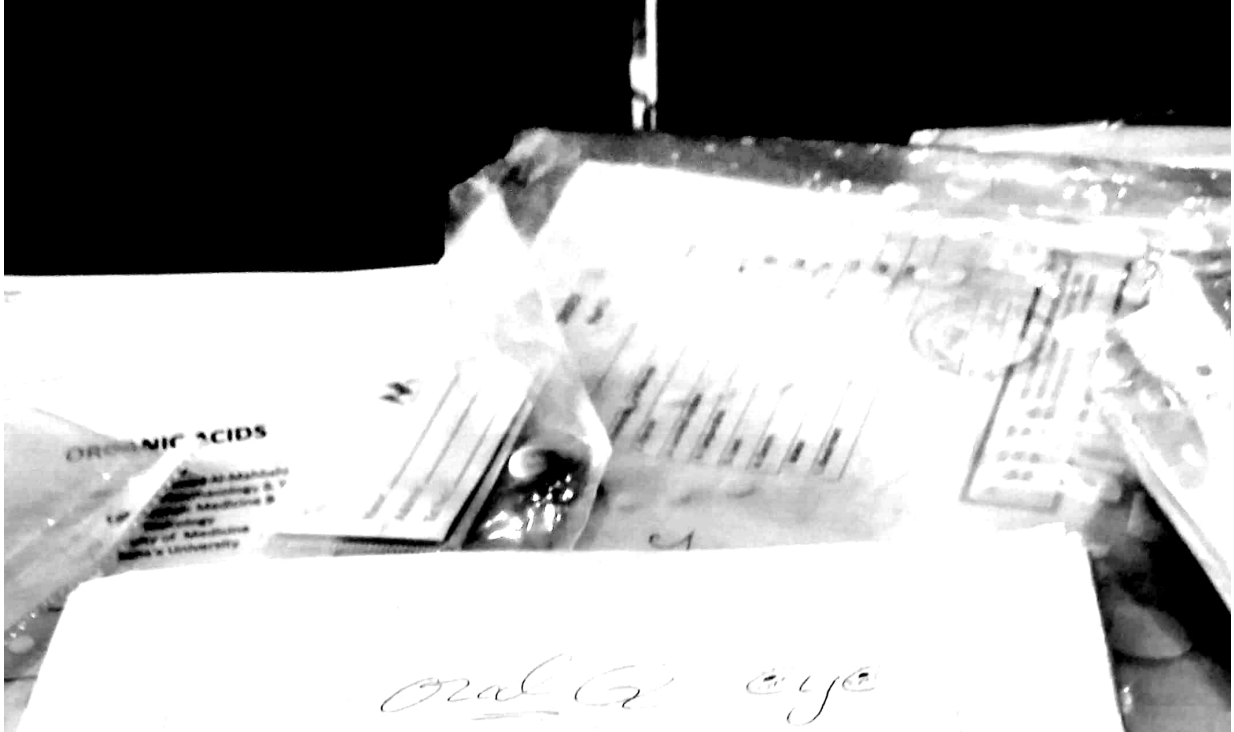

Oral Eye

Q6- Def of Cataract and what are its type?

Def → is a lens opacity with loss of transparency.

Type →

[a] Class according to the aetiology:

① Congnital (Developmental).
At birth or during childhood.

② Acquired: occurs in post-natal life.

a) Senile → >50 y.

b) Traumatic → due to Blunt or perforating ocular injuries.

c) Complicated → due to eye or General Ds.

D) Toxic → due to certain Drugs [Ex] Corticosteroids.

E) Radiation due to → • infrared ray.
• Ultraviolet ray.

[b] Class according to age:

① Soft (befor 25y):

- Occure befor 25 y.
- Soft lens Substance (Soluble pro).
- Rupture of lens capsule → abs of lens matter.

② hard (after 25 y):

- occure after 25 y.
- hard nucleus (insol pro).
- Rup of L.cap → No abs of hard lens matter.

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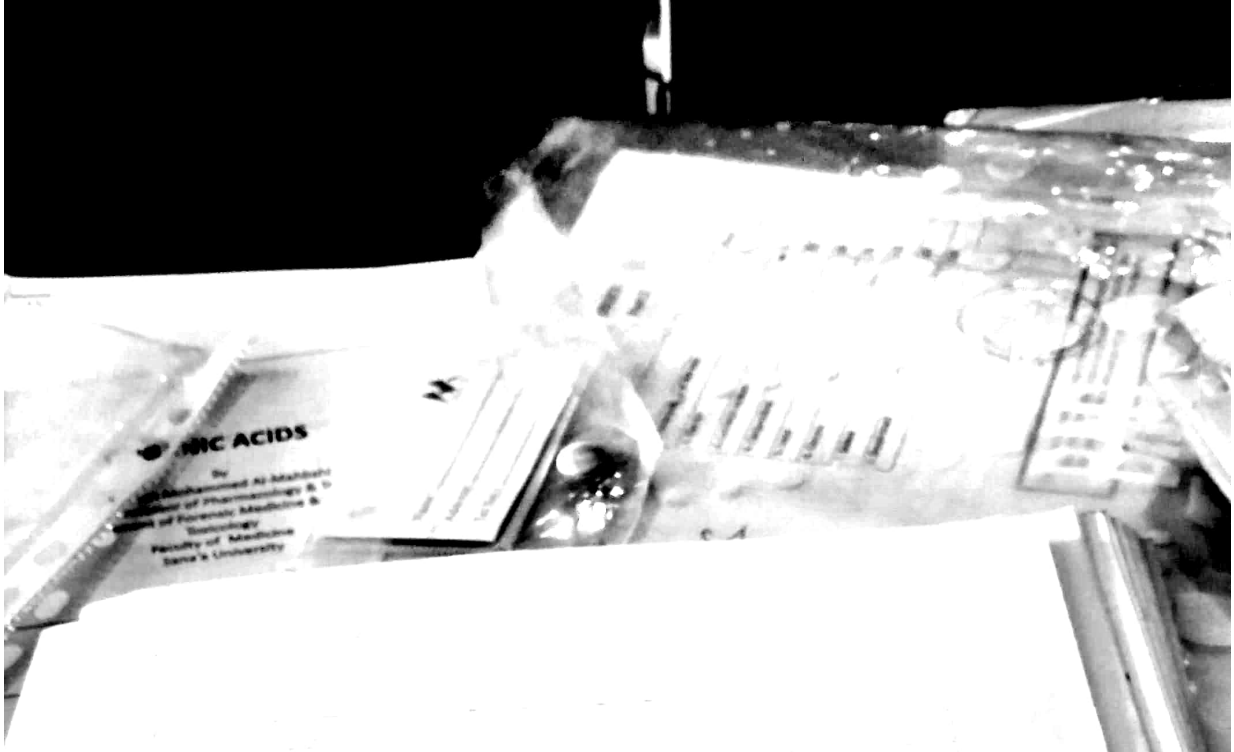

© Class - according to affected layer:
① Subcapsular: ⓐ ant.
ⓑ post.
② cortical: ⓐ ant
ⓑ post.
③ Nuclear.

Q4: Explain Complicated Cataract? (2016 دور ثاني)
الموضوع ده ليه صلة بأمراض العين

⇒ Def ⇒ lens opacity due to local eye Ds or general Ds.

Type ⇒ as Def.

(A) Local eye Ds ⇒
① Cornea ⇒ Severe ulcer (with or without perf-).
② Uveal tract ⇒ ① old iridocyclitis.
② malignant melanoma.
③ Lens ⇒ Displacement (Subluxation or Dislocation).
④ IOP ⇒ Glaucoma.
⑤ Retina as ⇒ • Retinal detachment.
• ± pigmentation.

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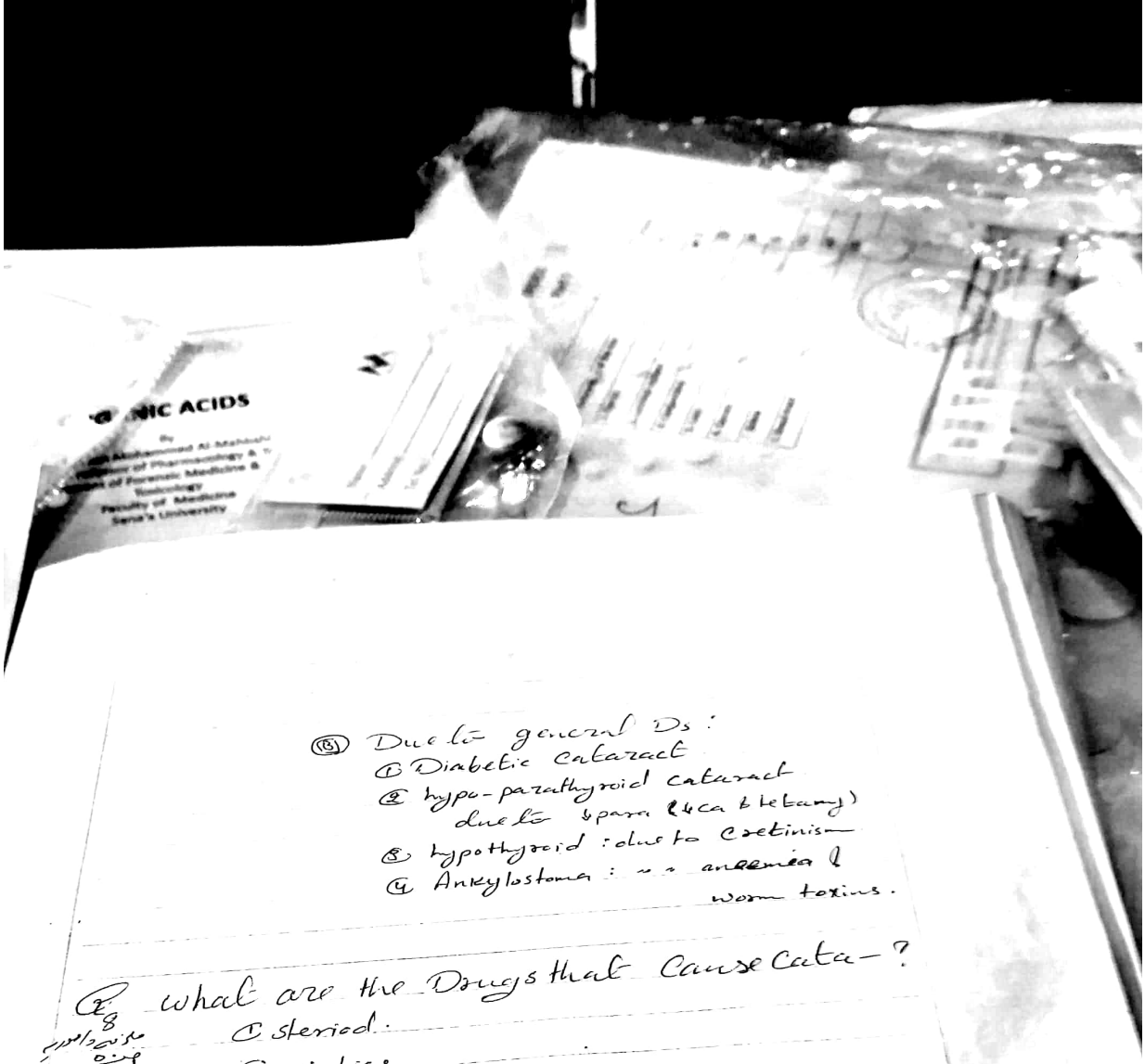

⑤ Due to general Ds:
① Diabetic cataract
② hypo-parathyroid cataract
due to ↓para (↓Ca & tetany)
③ hypothyroid: due to cretinism
④ Ankylostoma: " " anaemia & worm toxins.

Q what are the Drugs that Cause Cata-?
① steriod.
② miotics
③ Gold.
④ antipsychotics (e.g → phenothiazines).
⑤ Amiodarone.
⑥ Busulphan (myleran).
⑦ chlorpromazin.
⑧ Anticholinesterases.

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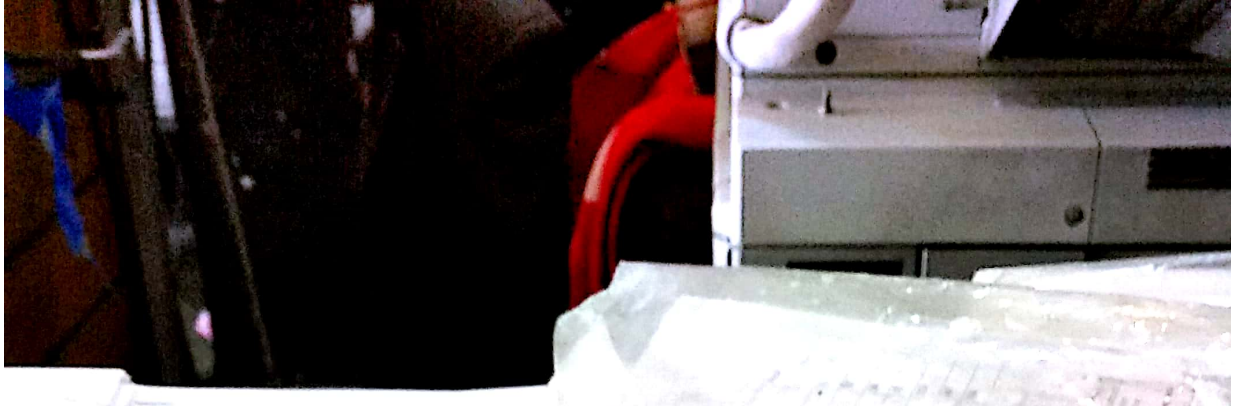

[11] Definition of hyphema and where is found?

1) hyphema is Blood in the Front (Anterior) chamber of the eye. It may appear as a reddish ring or as a small pool of Blood at the bottom of the iris or in the cornea

* Epidemiology: The rate of hyphema in the United states are about 20 cases / 100,000 people annually.

hyphema: are frequently caused by injury and may partially or completely block vision. The most common causes of hyphema are intraocular surgery, blunt trauma and lacerating trauma. or may occurs spontaneously without any trauma.

[12] Definition of anisometropia?

1) Defination: It is marked differences in refraction of the 2 eye of more than 4 D "Diopter"
Etiology: (1) Congenital (common) (2) Aquired (unilateral aphakia)

what are the systemic disease cause cataract? And what is the treatment of cataract? & Complicated cataract due to general disease

i) Diabetic cataract.
1) Cause: Diabetes mellitus.
clinically 1) Early senile cataract: younger age and rapidly maturates.
2) True diabetic cataract (snow Flake cataract):
a) occurs in young patient with uncontrolled diabetes.
b) Begins as milky white dots under the anterior and posterior capsule.

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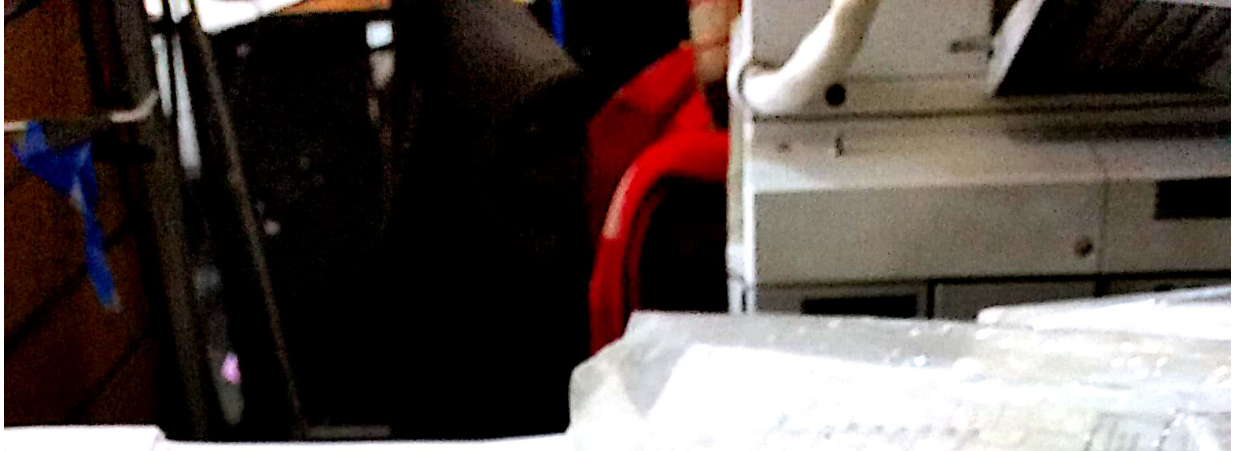


Treatment of diabetic cataract
1) preoperative control of diabetes: To avoid postoperative complications
2) operation: 1- In young: Extra capsular cataract extraction
2- In old: Extra or intra capsular extraction
3) postoperative: 1- antibiotics
2- vitamins (A and C)
3- more hospitalization.

(2) Hypo-parathyroid cataract: Due to hypoparathyroidism (with low serum calcium and tetany) as in thyroidectomy with accidental removal of parathyroids

(3) Hypo-thyroid cataract: Due to cretinism.

(4) Ankylostoma cataract: Due to anemia and worm toxins.

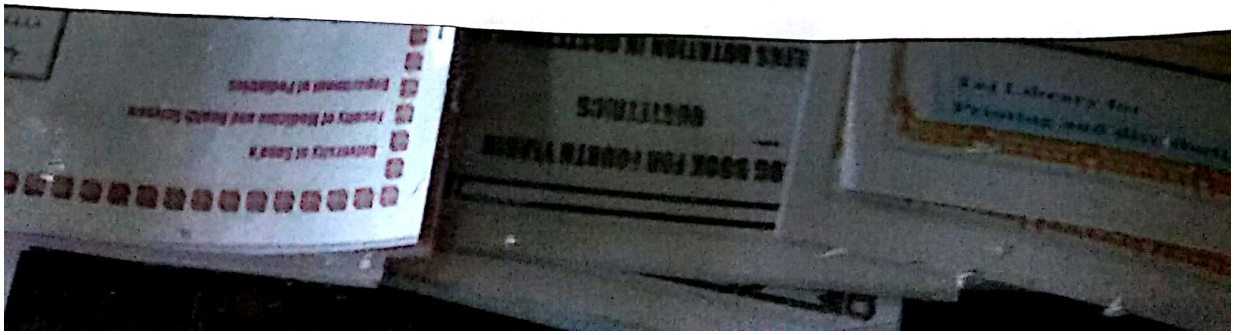
14 Definition senile cataract and what are its degree?

Definition: Bilateral degenerative lens opacity affecting old people (aging i.e. above 50 years of age)

Incidence: (1) age: above 50 years of age (2) sex: equal in male = F
(3) laterality: Bilateral (4) heredity: +ve

AEtiology: Degenerative aging process (unknown) → interference with lens nutrition and metabolism is due to: (1) endocrine disturbance
(2) Ultraviolet rays in the
(3) stress and strains of

* Types of senile cataract:-
(A) Senile cortical cataract:
(1) incipient stage: (1) sectorial cataract
2) posterior cortical cataract
3) perinuclear (punctate) cataract



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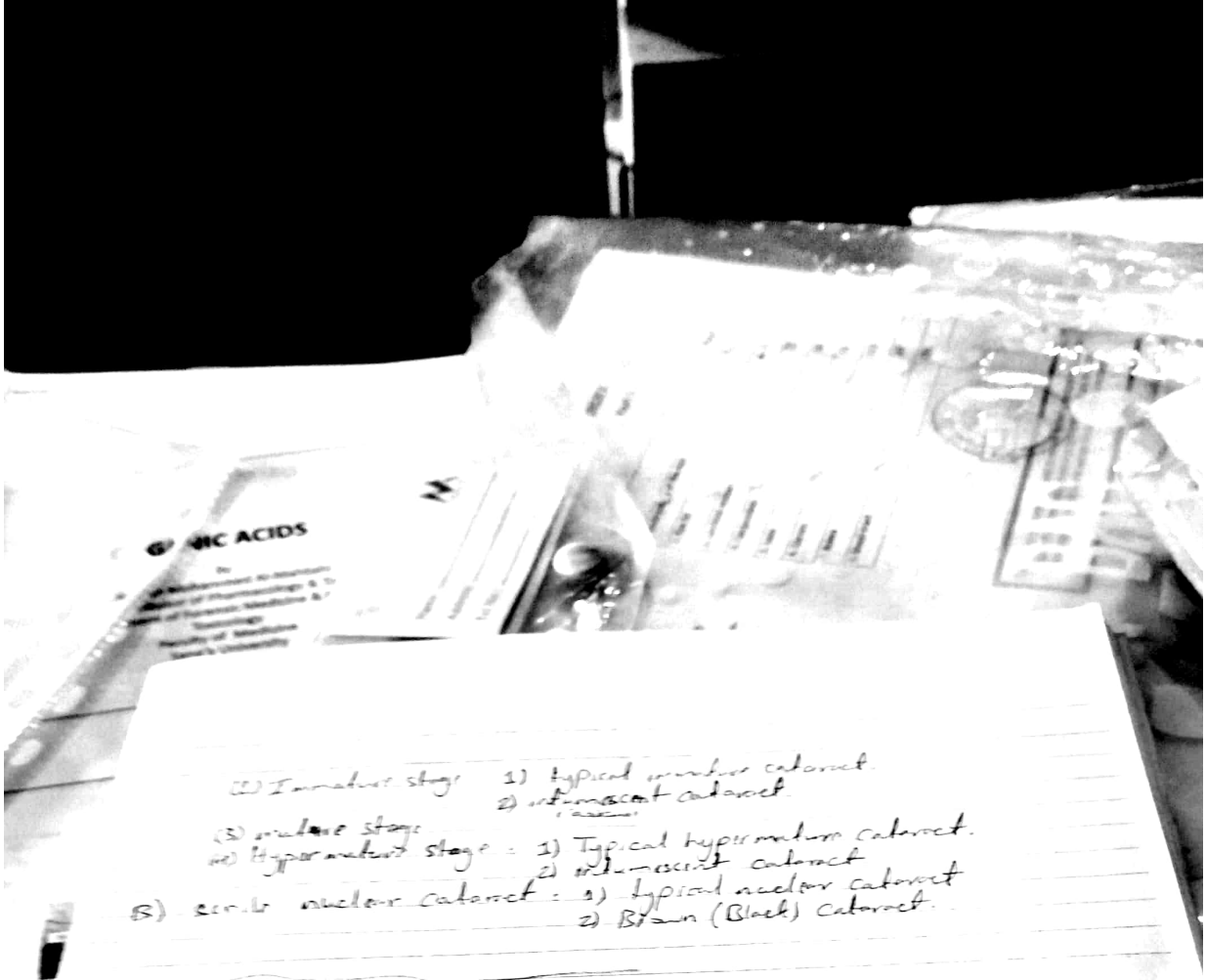

(A) Immature stage: 1) typical immature cataract
2) intumescent cataract

(B) mature stage

(C) Hypermature stage: 1) Typical hypermature cataract.
2) intumescent cataract

B) senile nuclear cataract: 1) typical nuclear cataract
2) Brown (Black) cataract.

[Q5] In mature Senile Cataract how we can diagnose it?

1) Through the symptoms and signs:??
Symptoms: vision drops to hand movement (HM)
Signs: 1) oblique illumination:
1- total greyish white lens opacity (white pupil or leukok
(A) The whole lens becomes opaque and dehydrate
(B) Cerebral markings are still visible in the opacity
2- Iris shadow is absent: as subcapsular fiber are of
2) ophtalmoscopic: mirror (RR): Red reflex is absent.

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-16- what is the most type of Cataract occur in children, what done for it ??!!

-16- Congenital (Developmental) Cataract occurs at birth or during childhood

Treatment :

① Conservative treatment → if Cataract not extensive

1) eye glasses → if there is error of refraction

2) Mydriatics → in central lens opacity.

to dilatation of pupil to allow a better image through clear lense

use → Atropine Sulphate eye ointment 1%

→ Cyclopentolate drops 0.5 - 1 %

if atropine irritation.

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① surgical treatment → in extensive cataract

Two Types of operation:

1. irrigation / Aspiration
2. Capsulotomy or Capsulectomy

2 mm limbal incsion → anterior irrigation and aspiration of lens matter by use double way cannula or irrigation aspiration Machine

indication → Soft Cataract up to 25 years

preoperation preparation and anaesthesia as in Cataract Extraction.

Complication → After Cataract

→ iridocyclitis

→ Secondary glaucoma

الواجب: .....

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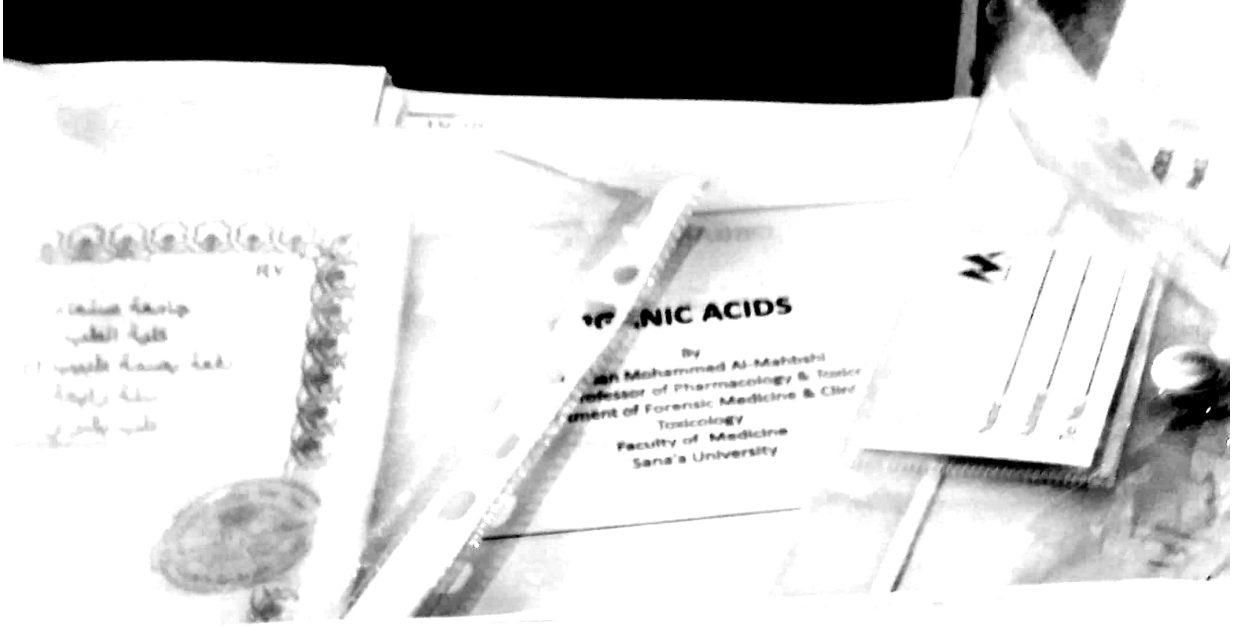

(3)

E Lensectomy

The whole lens is removed with vitrectomy machine

- Anterior lensectomy via limbal incision
- Posterior Lensectomy via a pars plicata incision

in infant may occur postoperative retinal detachment because the pars plana is not mature.

* Age of operation → operation in early

- at one month of age

The fixation reflex is developed between 2 and 4 month after birth

- After 3 months of age

The operation befor 3 months is risk due to

- interference with development of eye
- More Liability to iridocyclitis and

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glaucoma (becous the Anterior champer is shallow with narrow angle)

- in postoperative infantile Aphakia Corrected by
  1. Contact lenses.
  2. Eye glasses.
  3. Refractive surgery (epikeratophakia
  4. IOL.

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موضوع الدرس .....

التاريخ .....

17- what is the investigation that is done for differentiation between retinoblastoma and Cataract in children?

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..... اليوم : ..... الموافق : / / 143هـ

18 what happen if children with Cataract Stay until age of 2 years without doing surgical treatment ??!!

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موضوع الدرس :

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اليوم :

الصفحة : / /

-19- Types and treatment of myopia ???

-A-

myopia → parallel rays come to a focous in front of retina when the eye is at rest (without accomodation)

① Axial myopia → increased antero-posterior diameter of eye

- simple myopia
- Congenital myopia
- progressive myopia (degenrative or malignant).

② Refractive myopia → increased

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index myopia → increased Refractive Index (RI) of lens nucleus as in senile nuclear cataract.

- Treatment
  1. eye glasses (spherical concave lenses) for children.
  2. Contact lenses → soft contact lenses in high myopia.
     - Cosmetic
     - bigger field of vision
     - no ↓ in size of retinal image.
  3. Low vision aids in late cases with low vision:
     - Telescopic spectacles → for distance and for reading.

الواجب: .....

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- Magnifying lens ⟶ for reading.

☑ General treatment for progressive myopia:

١- Calcium and vitamins A and D.

٢- near work ⟶ in good Illumination in good position - At suitable distance Avoid much close work and small prints.

٣- Tissue extract ⟶ as placental extract.

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(باطنة)

Assessm

tory

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- Refractive surgery (photo refractive keratectomy) by laser.

ر) for higher Myopia → Refractive surgery:

- Laser assisted in situ Keratomileusis (LASIK) by Laser till 12D.

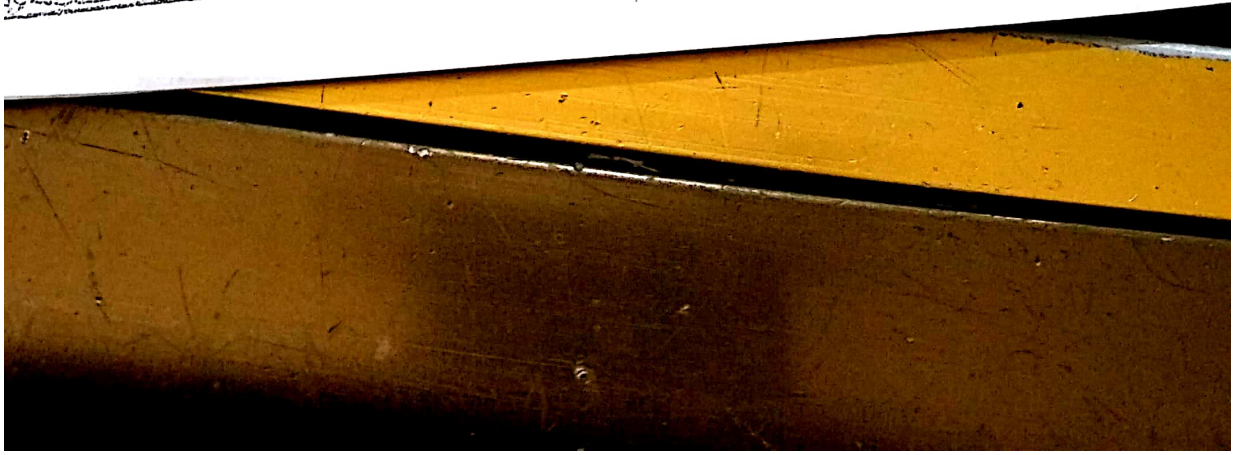
- phakic low Convex or Concave IOL for higher degree.

- Lens extraction As in phakic IOL in higher degree

20- what is the treatment of Cataract in children ???

20- The Same answer in 9-16.

الواجب:



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21- What is the most common complication of Cataract ?

(1 Congenital Cataract :-

- Unilateral Cataract → (1) squint.
  → (2) (amblyopia)
- Bi lateral

Nystagmus — Defective of vision (with mental retardation)

(2 Acquired ((1 Senile Cataract)

(1, Displacement of lens :- Subluxation
- post. dislocation.

(2 leakage of irritant lens proteins :-

(1) phacotoxic uveitis.

(2) phacolytic glaucoma

(3 Endophthalmitis phaco anaphylactica.

ROCO ROCO

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جامعة صنعاء
كلية الطب
دفعة بصمة طبيب (31)
سنة رابعة
طب بشري

محاضرات

(باطنة)

Assessm...

عنوان الدرس ..... اليوم ..... التاريخ / / ١٤

(2) Traumatic Cataracts:
(1) iridocyclitis.
(2) secondary glaucoma.

22- What is the symptoms of retinal detachment? [RD]

(1) Primary Detachment:-
Symptoms:- Retinal symptoms with no pain.
early:- (1) photopsia [seeing Flashes of light] Due to retinal tear.
(2) muscae volitantes Due to minute bges from tear into vitreous.

late:- (1) Field defects
(2) Failure of vision

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(3) metamorphopsia [objects appear distorted]
micropsia [objects appear smaller]
macropsia [objects appear larger]

(2) Signs:
- Greyish red reflex by [opthalmoscopic mirr
- Fundus picture [full dilation of
pupil shows:

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23- What is leukocoria and what is D.D of it?

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24- What is the mechanism of red relex of light in eye?

- R.R :- is a reFlex of light throw the normal ocular media and it is Due to colour of the blood in choroid.
- The mechanism:- by opthalmoscopic.
- light source is located behind the left side of patient.
- light is reflected from a perforated plane mirror held by examiner, at 1 m distance from patient's eye)
- The examiner looks throw small hole in plane mirror to see a red reFlex in pupil.

ROCO
ROCO

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Black reflex :-

- Fixed in cornea or lens opacities.
- Floating (moving) in aqueous or vitreous opacities.

- Greyish reflex - Retinal Detachment
- Yellowish - Retinoblastoma.
- whitish - mature Cataract.
- Black : - vitreous Haemorrhage.
- Brown Cataract.

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1- Baby with Corneal diameter of 13 mm or less:

(Goniotomy)

Principle: 1. Gonioscopic lens is applied

2 Goniotomy knife is introduced at the limbus and passed across the anterior chamber to the angle to on the opposite side and then 1/3 of the angle circumference (with the abnormal membrane) is incised to open the angle

Complication: 1 - intraocular haemorrhage

2 - Iridodialysis

(Trabeculotomy):

Indication: failed goniotomy or with Corneal clouding (no angle visualization)

principle:

1- A fine metal probe is passed through an ab-externo incision into schlemm's Canal

2- The probe is swept into the angle to expose the schlemm's Canal directly to aques in AC.

NB Goniotomy and trabeculotomy are useless if the corneal diameter is more than 13 mm as the canal of schlamm's is usually absent.

2- late with Corneal diammeter of more than 13 mm: A filtering operation is done as trabeculectomy.

26) What is the name of retinal edema?

Macular edema: occur when fluid and protin deposits collect on or under the macula of the eye (yellow central area of retina

27) What is the treatment of retinal opacity?

Vitrectomy and laser by vitrous opacities.

29) In Trachoma, what is the Mechanism that lead to blindness?

- Entropoin ⊕ repeated infection Cause of infection blindness - escalated and cause blindness which is there result of ulceration of and congestion sc carring of Cornea.

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28) What is the trichiasis and what is the most common cause of it?

- Definiation: Maldirected lashes, rubbing against the Cornea and Conjectiva.
- Causes:

A) Trichiasis alone 1) Cicatrical 1. Trachoma
2. ulcerative blepharitis
3. injuries and burns of the lid magrin
2) congenital: Distichiasis [extra posterior raw of eye Lashes at the orifices of meibomian.

B) Triachiasis - entropion: All causes of entrpion (Common)

Entropion: Definiation - Rolling of the lid margin with eye lashes.

AEtology and typ

1) spastic entropion

* it affects the lower lid usually (as the lower tarsus is small)
* is due to weak support of the lid in present of blepharospasm which Is usually due to Corneal or Conjunctival irritation) as in:

- Enophthalamos (usually due to absorption of orbital fat)
- prolonged wearing of tight eye bandage.

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35 - Exophthalmos Causes:-

* Endocrine exophthalmos

[1-] Thyrotoxic exophalmos

Def:- active forward axial protrusion of eyeball in thyrotoxicosis

- 35 years - in women - bilateral

[2-] Thyrotropic exophthalmos

Def:- a progressive active protrusion of eye ball with paralysis of extraocular muscles

- above 45 years - more in men - uncommon

also called:- - malignant exoph.
- progressive exoph.
- Exophthalmic ophthalmoplegia.

[3] proptosis

Def:- abnormal protrusion of the eyeball.

- Exophthalmos:- active forward as in thyrotoxic
- proptosis:- passive protrusion in any direction with forward protrusion
- Unilateral or bilateral.

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31- Corneal layers :-

1- The epithelium ⇒ stratified squamos type consiste of three cell types namely the basal columnar cells, tow or three layers of wing cells and surface cells. it is normally replaced within 7 dayes

2- Bowman's membrane ⇒ it is made up of Collgen fiber, it is not regenerate when damage
⇒ This is the result of formation of premanent corneal opacity.

3- substantia propria or stroma ⇒ forms 90% of corneal thickness and it consiste of keratocytes, regularly arranged collagen fibrills, ground subs.

4- Descemet's membrane :- thin but strong homogenous elastic membran which can regeniate

5- The endothelium ⇒ it is a single ~~layers~~ layer of flattened hexagonal cell.

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31- The congital catarate is more dangerous because the child doesn't complain so he develop amplopia " كسل بصري ".

32- The lense is transparncy due to it's structure:.

1- Lenticular capsule ⇒ acellular envelp and homogenous

2- Lenticular epithelium ⇒ - single layer of cuboidal cell deep to the ant. capsule
- no post. epithelium

- suspensory ligament or zonule of zinn
⇒ transparent, straight and inextensible fibr

- also, there is apump enter and exit the aqous humoures from Lens without accumulate it.

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4 - Diagnosis of retinoblastoma:-

1- There is rasied intraocular tension
2- lactic dehydrogenase level is rasied in the aqueous humor
3- Calcification occurs in 75% cases.
4- It is a progressive condation
5- Ultrasonography and computerised tomography confirms the diagnosis.

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محاضرات

(باطنة)

Q → How the Cat. [illegible] (after Surg.)
① Foreign body sensation Lacrimation

Q → Complication of Cataract operation ??
① pReoperative (During anaesthesia
④ Retrobulbar haematoma
⑤ choke
② operative ① improper section
② Harmorrhage
③ vitreous Loss
④ posterior dislocation of Lenes
⑤ Lens capsule rupture during ECCE

postopretive Complection →
Early post opretive Complection
① Delayed reformation of AC / 2-Intraocular haemorrhage
③ Iridocyclitis ④ iris prolapse 5- ⑥ Cular infection

② Late postoperative Complection →
1 secondary glaucoma
3 Retinal datachment
2 - Draw up pupil
4 - Cystoid macular oedema

Complection and [illegible] of Cataract ??
① gradual ⑤ pain less diminution of vision
② Fixed back spots from muscae
③ Coloured haloes
④ senile cataract
⑤ Nuclear cataract

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جامعة صنعاء
كلية الطب
دفعة بصمة طبيب (31)
سنة رابعة
طب بشري

محاضرات

(باطنة)

* Treatment *

④ medical care →
① eyeglasses ② Follow up
③ Arrangement of illumination →
1- peripheral cortical cataract
2- Central cataract

② Surgical treatment

Q3 Deffent between Iocal and ECCE ?

Q4 most common causes of blindness ?
① Trachoma ② glucoma ③ chronic retinal disease
④ chronic corneal disease. ⑤ CNS diseases (stroke - hemorge
⑥ optic neuropathy. → atrophy ⑦ Cataract ⑧ Refractive errors
⑩ trama

Q1 What is Red eye reflex ?!

Q2 What will happen for retinal detachment after trauma ?!

① Cataract
② Leathary (fibrestructur of retinal.
③ Irido cyclitis → atroplic bulbi

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(باطنة)

حل سؤال (٢٩)

(1) Intracapsular cataract extraction (ICCE)
principle → complete removal of the lens with its capsule

Disadvantages: →
① primary pc-IOL implantion is not possible
② More liability for vitreous loss and retinal detachment
③ the natural barrier between the anterior and posterior

Extracapsular cataract extraction (ECCE)
opening the anterior capsule, nucleus delivery and cortical clean up → leaving apart of anterior capsule and the whole posterior capsule in the eye

Advantags: the reverse of the disadvantages of ICCE

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42- Retina and vitreous in truma

- retina truma:-

1- retinal oedema
2- " hemmorhage ⇒ intraretinal or subhyloid
3- " tears, dialysis or detachment.

1- retina oedema:- ⇒ Trauma with Counter-Coop to the post. pole of the eye ⇒ vascular distor bance

C·P:- 1- vision : Rapid failur of vision to hand movement
2- funds:- Retina:- milky white post. part
. macula: cherry red spot.

+++:- Rest

- vitreoues truma.

1- vitreoues haemorrhage
2- vitreoues opacities or floaters
3- " herniation into AC ⇒ if ruptured
zonule → secondary

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21- What is the most common complication of Cataract ?

① Congenital Cataract:

- Unilateral Cataract → ① Squint.
- Bilateral → ② (amblyopia)

Nystagmus - Defective of vision (with mental retardation)

② Acquired (Senile Cataract)

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(2) Traumatic Cataracti-
(1) iridocyclitis.
(2) secondary glaucoma.

22- What is the symptoms of retinal detachment? [RD]

(1) Primary Detachmenti-
Symptomsi- Retinal symptoms with no pain.
early:- (1) photopsia [seeing Flashes

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(3) meta morphopsia:- [object apper distorted]
micropsia [object appear smaller]
macropsia [object appear larger]

(2) Signs:-
- Greyish red reflex by [opthalmoscopic mirror]
- Fundus picture [Full dilation of pupil show:-
- Area of DEtachment appear

23- What is leukocoria and what is D.D of it?

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24- What is the mechanism of red relex of light in eye?

- R.R :- is a reflex of light Throw the normal ocular media and it is Due to colour of the blood in choroid.
- The mechanism by opthalmoscopic.
- light source is located behind the left side of patient.

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Black reflex :-

- Fixed in cornea or lens opacities
- Floating (moving) in aqueous or vitreous opacities.

- Greyish reflex :- Retinal Detachment
- Yellowish :- Retinoblastoma.
- whitish :- mature cataract.
- Black :- vitreous Haemorrhage.
- Brown cataract.

25- What is the membrane that affected in congenital glaucoma?

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